12030741573

ORGANIZATION

RECEIVED 2012 FEB 13 PM 12: 13

TER

FORIN I.				Office Use Sale MAIL CENT
1. NAME OF COMMITTEE (In Rui)	" (Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	· · · · · · · · · · · · · · · · · · ·
KATHE POLH	EMUS FOR C	ONGRESS I		
ADDRESS (rument and street)	5910 S 41	LIVE BSLUTIX B	LIVID Si	TE C118-2071
· (Check if Address				<u> </u>
(e changed)	GREENA CO	WILLLAGE	Le L	801211-
•		YTTY	STATE	ZIF CODE
COMMITTEE'S E-MAIL ADDRE	GS (Please provide only one e-	maij addreps)		
. (Check if address	Lintone Pollin	EMUSFICIFICION	GEIEISISI	-COM LLL
ia changed)		1-		1111111
Committees web page ad	ORESS (URL)			
		MusiFierRiconis	RIEISILLI	He Managara
(Check If eddress is changed)		11111111		
			•	
DATE 02 0	2 2013		·	
. FEO IDENTIFICATION NL	IMBER :C			
. IS THIS STATEMENT .	NEW (N) OR	AMENDED (A)	·	
certify that I have expansioned the	s Statement and it the best of	f my knowledge and belief it i	s true, correct el	nd complete,
/pa or Print Name of Treasurer	JOCELYNI	ROBINSON	•	
igneoure of Treasurer	Jorelyn Ro	ham	Date 62	66 2013
	My change in information ma My change in information			panalles of 2 U.S.C. §437g.
Office Use		For further information con reduced Election Contribution	(épt)	FEC FORM 1

FEC FO	rm 1 (Revised 02/2009)	Page 2					
TYPE OF COMMITTEE							
	e Committee: This committee is a principal campaign committee. (Complete the candidate information below.)						
(a) V	· ·	•					
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate KATHY L. POLIHEMUS							
Candidate Party Affiliati	on I N D Office House Senate President	State C.O.					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Con	nmittee:						
(d)		Democratic, Republican, etc.) Party,					
Political A	ction Committee (PAC):						
(e)	This committee is a separate segregated fund. (Identity connected organization on line 6.) its conn	nected organization is a:					
·	Corporation Corporation w/o Capital Stock	Labor Organization					
	Membership Organization Trade Association	Cooperativo					
	in addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)							
	In addition, this commisse to a Leobyist/Registrant PAC.						
	Ln addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:							
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an autorized committee of a federal condidate.	or more political					
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
Committees Participating in Joint Fundreiser							
1.							
	[]	an and the second					
2.							
3.	FEC ID number C						
4.	FEC ID number C	. 1481					

FEC Form 1 (Rev	rised 02/2009)			سبت بنارسته	Page 3
Write or Type Committee	Name				
KATHE PO	LHEMMS FOR	e Consee	3 S		
				esentative, o	r Leadership PAC Sponsor
ا المالية		1 3 1 1 1 1	11111	1111	
NONE	 		- 	<u> </u>	<u> </u>
	150			<u> </u>	
Mailing Address	5191101 151	HICH VIER	STATION B	L WAL	115 618-20
	GRICE NIN	DOB WHY	AGE	100	1201211 -1111
		CITY		STATE	ZIP CODE
Relationship: , Conc	nected Organization Af	filiated Committee ·	Joint Fundraising I	Representativ	e Leadership PAC Spons
	: Identify by name, addres	s (phone number ç	optional) and positio	in of the pen	son in possession of committe
books and records.					•
Full Name IIR	EASMRER	LJOGEL	YN ROBI	NSIBI	<u> </u>
Mailing Address		AST Z4I			
. Manual Manage	\$				
	DENVER		l	<u>Ca</u>	802381-
	THE PARTY OF THE P				
Title or Position		CITY		BTATE	ZIP CODE
TREASUR	1k	1	Telephone numb	ner (3,0	31-16.1.91-12586
. Treasurer: List the name any designated agent (e		mber - optional) of th	e treasurer of the o	committee; a	nd the name and address of
Full Name					
of Treasurer Diol CE LITIN I KIOIBII NISIOIN					
Mailing Address	8.8.6.2 EP	ISITI 24TI	PLACE	#10	
			1.1.1.1.1.1.1.	<u> </u>	
	DENVER	<u> </u>		CO	802381-1
Title or Position		CITY	S	STATE	ZIP CODE
TIRIGIAIS WRIG	R I I I I I I		Telephone numb	er 30	31-61.91-12585

_ ,		
FEC Form 1 (Revi	sed 02/2009)	Page 4
Full Name of Designated		
Agent ·		
Mailing Address		
		<u></u>
	CITY	STATE ZIP CODE
Title or Position	,	
		Telephone number
Malling Address		
	CITY	STATE ZIP CODE
Name of Bank, Depository	etc.	
· •		
سلسل	<u> </u>	
Malling Address		<u> </u>
		
		لبيبا ليا ليبيا
	CITY	STATE ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):